



Squirrel Hayes First School

Policy Reviewed on	Feb 2017	Mar 2018	Feb 2019	Feb 2020	Mar 2021	Feb 2022	Feb 2023	Feb 2024	Feb 2025
Policy Owner Signature	Mrs L. Oakes	Mrs L. Oakes	Mrs L. Oakes	Mrs L. Oakes	Mrs L. Oakes	Mrs L. Oakes	Mrs L. Oakes	Mrs L. Oakes	EJP
Policy adopted by the Governing Body on	March 2017	March 2018	March 2019	March 2020	March 2021	March 2022			
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Version	06	07	08	09	10	11	12	13	14

Head Lice Policy

1 This school is committed to safeguarding and promoting the welfare of children and young people/vulnerable adults and expects all staff and volunteers to share this commitment.

Head Lice Policy

PURPOSE

At Squirrel Hayes First School our policy and procedures surrounding Head Lice follow NHS guidelines. We aim to work with all members of our learning community to promote a co-ordinated approach to the prevention, detection and effective treatment of Head Lice.

BACKGROUND INFORMATION

(Taken from NHS notes and guidance for Head teachers)

Head Louse infection is not primarily a problem of schools but one of the wider communities. It cannot be solved by school, but the school can help the local community to deal with it.

Head Lice are transmitted by direct, still, prolonged head to head contact. Transmission of lice within the classroom is relatively rare. When it does occur, it is usually from a 'best friend'.

Head lice will not be eradicated in the foreseeable future, but a sensible, informed approach, based on fact not mythology, will help to limit the problem.

At any one time, most schools will have a few children who have active infection with head lice. This is often between 0% and 5%, rarely more. The perception by parent/carers however, is often that there is a serious 'outbreak' with many children infected. This is hardly ever the case.

CONTROL OF HEAD LICE

(Taken from NHS Head lice guidelines introduction)

Head lice are a community problem and are not restricted to children. The main source of infection is in the community. Adults as well as children can be infected, and adults may become long-term carriers, as they become de-sensitised to head lice over time. Consequently adults may unknowingly infect children during prolonged head to head contact. The children then carry the infection into school or other communal areas.

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- Control of head lice is based on detection of infection among cases and close contacts, and effective treatment with an insecticidal lotion or liquid. **Detecting head lice is the responsibility of parents/carers, and parents/carers need to have clear information on the detection and treatment of head lice.**

<https://www.nhs.uk/conditions/head-lice-and-nits/>

ROLES AND RESPONSIBILITIES

PARENT/CARER:-

- Comb their own hair and their children's routinely, twice a day to spot lice early.
- Inspect hair for lice regularly i.e. once weekly, for signs of infection.
- Inspect hair for lice, especially if head to head contact with an infected person has occurred, or members of the household have been named as contacts.
- Promptly treat members of the household who have head lice infection.
- Ensure children's hair is tied back for school.
- **ONLY use insecticides as treatment when an infection is present - NOT as a preventative measure.**
- Inform all contacts, both adult and children, to be vigilant for signs of infection and to inspect hair using a detection comb. Head lice if living are to be treated with lotion.
- Contact the School nurse via NHS HUB/health visitor/ GP or **Pharmacist** if advice and support is required, (School nurse can be contacted via the School office). **Pharmacist would be your first point of contact.**
- **SCHOOL NURSE via School office or NHS HUB/ West Hub** (covering Moorlands, Newcastle-under-Lyme, Stafford surrounds and Seisdon)

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Contact information

Children and Families Single Point of Access (CaFSPA)

The CaFSPA, often referred to as the hub, is a central point of contact for Staffordshire families and young people:

Freephone 0808 178 0611 (option 1)

ChatHealth Text Messaging Service

Parents/ Carers text: 07520 615722

For young people living in

Staffordshire, text 07520 615721

- Provide education for the children and their households, emphasising that head lice control is the responsibility of the parent/carer.

- Advice on treatment for head lice:

<https://www.nhs.uk/conditions/head-lice-and-nits/>.

- Make a professional assessment of reported head louse infection of any child in school. It may be necessary to examine the child to make a diagnosis once parent/carer consent has been obtained, this would only be in extreme cases.

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- Resistant cases of recurring infection will require that contact is made with the carer of the child to ascertain that treatment is being carried out correctly and to offer further support and advice.

SCHOOL:-

- **Have a written protocol on the management of head lice.**
- A text message is sent to parent/carers to advise of reported head lice outbreak, "Possible head lice have been reported please check and treat family members if necessary" or via the school letter with accompanying support leaflet.
- Staff should ask parent/carers to assess their child as soon as practicable to confirm diagnosis of head lice if it is suspected, **this is to be handled in a sensitive and private manner.**
- Parent/Carers in effected classes will be informed if there is a rise in cases of head lice.
- Parent/carers of learners found to persistently have untreated Head lice will receive an additional text informing them that this will be followed up as Safeguarding.
- Parent/Carers will be asked that they contact Mrs L Oakes, Home School Link Worker if they are in need of support for their child's continued head lice issues.
- Mrs L Oakes will contact Parent/Carers offering support and guidance to help illuminate the head lice.

Advice parent/carers to contact the NHS HUB/ **West Hub**

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Speak to a school nurse or pharmacist for advice and support on treatment and prevention of head lice.

- Keep individual reports of head lice confidential and encourage all staff to do likewise.

SQUIRREL HAYES FIRST SCHOOL HEAD LICE PROTOCOL/PROCEDURES

(Taken from NHS notes and guidance for Head teachers)

- Regular reliable information on head lice detection, prevention and treatment.
(see appendix A)

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- Staff member to advise parent if child is suspected to have head lice and ask parent to assess their child as soon as practicable to confirm diagnosis.
- Advise concerned parent/carers to seek professional advice from school nurse, GP or local chemist and treat head lice.
- Send out general text to all parents making them aware that possible head lice had been reported and reminding families to check and treat family members if necessary.

School will not exclude learners with head lice or send out class alert letters, there will only be a text.

Version No.	Date of review	Reviewer	Changes Made
01	April 2012	Miss E. J. Smith	New Policy
02	March 2013	Miss E. J. Smith	Reviewed
03	March 2014	Mrs L. A. Oakes	Reviewed
04	Jan 2015	Mrs L. A. Oakes	Reviewed
05	Feb 2016	Mrs L A Oakes	Addition of wording of text message and reporting to parents in a sensitive manner.
06	Feb 2017	Mrs L A Oakes	Addition of NHS head lice support via link in Appendix A.
07	Feb 2018	Mrs L A Oakes	Addition of up to date information via a link to NHS in control of headlice.

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Version No.	Date of review	Reviewer	Changes Made
08	Feb 2019	Mrs L A Oakes	Addition of NHS HUB linked to school nurse and change to list for advice.
09	Feb 2020	Mrs L A Oakes	Addition of NHS HUB area, address, phone number and link for School nurse.
10	March 2021	Mrs L A Oakes	Addition of advice, Pharmacist would be your first point of contact.
11	Feb 2022	Mrs L A Oakes	Reviewed
12	Feb 2023	Mrs L A Oakes	Update of parents informed of head lice and repeated untreated hair parents are informed this will be followed up as Safeguarding. Parents informed to gain support from Mrs L Oakes, HSLW.
13	Feb 2024	L Oakes	Reviewed
14	Feb 2024	EJP	Reviewed and updated contacted details for 0-19 NHS Hub Midlands

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Appendix A

<http://www.nhs.uk/conditions/Head-lice/Pages/Introduction.aspx> (from NHS guidelines)

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HEAD LICE INFORMATION

What to look for

A head louse is a tiny 6-legged insect, which is between the size of a pinhead and sesame seed. It is greyish brown in colour but can change colour to match the hair colour of the host, making detection difficult. The adult louse lives for about one month. Each leg ends with a claw, which grasps the hair, enabling swift movement close to the scalp. It does not walk on the scalp, cannot jump or fly and has difficulty walking on flat surfaces.

Other Information

It feeds only on human blood, approximately 5 times per day. The "biting" is not painful, females outnumber males in the ratio 4:1 and lay 6-8 eggs daily.

Eggs are firmly glued to strands of hair, close to the scalp, preferring a temperature of 30 - 31°C which is favourable to incubation. Live eggs are skin coloured and

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very difficult to see.

The incubation period is 7 - 8 days and within 10 days of hatching, the louse becomes an adult and begins to mate.

Nits are empty egg cases. After an egg has hatched the egg case becomes white. If you have nits it does not always mean that you have head lice. Nits stay stuck to the hair and grow out as the hair grows, at a rate of about 1 cm per month.

You only have head lice if you can find a living moving louse (**not a nit**)

Facts about head lice infection

Lice will live on hair that is dirty or clean, short or long, adult or child. Short hair may make it easier for them to get from one head to another.

High standards of personal hygiene do not necessarily prevent head lice.

The main method of transmission is walking from head to head. The hairs must touch for a duration of at least one minute. Head lice are not very infectious, taking time to spread through a population. They are less infectious than some other infections in children, such as Chicken pox or impetigo.

Lice cannot hop, jump, fly or be drowned. Should a louse be found on a hat, collar, pillow, chair back etc it will either be a dead louse or a damaged louse, too weak to hang on to the hair. Adult lice can live apart from humans for only a few days. It is unusual for infection to be caught in this way and it is very unlikely.

Lice do not keep still and move very rapidly when disturbed. Most head louse infections are asymptomatic, but about one third of cases experience itching, the itching is due to sensitisation.

For a first infection, it can take up to 8 weeks for itching to start. With subsequent infections itching will occur sooner. Sometimes, the appearance of a rash at the back of the neck is the first indication of infection.

PREVENTION AND DETECTION

All household members should fine tooth comb their hair regularly. Good hair care may help to spot lice early and so help control them. When hair is washed, damaged lice will float on the surface of the water. Also, the presence of lice may be indicated by finding a black powder on the pillow in the morning. This is a mixture of black faecal powder and cast skins which can also make collars become dirty more quickly than normal Good grooming habits should be encouraged and sharing of combs and brushes should be avoided.

Weekly detection combing of children's hair is recommended

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Detection combing is especially important when you know that head to head contact with an infected person has occurred or when members of the household have been named as contacts.

The use of louse repellents should be discouraged, as they do not deal with the control of lice in the population, and they do not treat existing infection.

INSECTICIDES

Insecticide lotions are recommended for the treatment of head lice.

Advice about which lotion to use can be obtained from: -

- Pharmacist
- Practice Nurse
- Health visitor - Dependant on child's age.
- School nurse - NHS HUB 0 -19 Service

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